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UNITED NATIONS POPULATION FUND

THE MULTI-YEAR FUNDING FRAMEWORK CUMULATIVE REPORT, 2004-2007*

Report of the Executive Director

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*The compilation of data required to provide the Executive Board with the most current information has delayed the submission of the present report.

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Executive summary

1. The cumulative report on the implementation of the multi-year funding framework (MYFF) for the period 2004-2007 has three linked components: a strategic results framework, a managing-for-results framework and an integrated resources framework. The strategic results framework (see annex 1) sets out goals for UNFPA in the three programme areas of reproductive health; population dynamics, sustainable development and poverty; and gender equality and the empowerment of women. The MYFF specifies outcomes for each of the goals, defines indicators to measure progress and identifies strategies to achieve results. The linked managing-for-results framework focuses on five key areas: leadership, results-based programming, human resources, knowledge sharing and accountability. The integrated resources framework delineates the resources mobilized and spent during the period to achieve the results.

2. Strategic results framework. The review of the 2004-2006 period analyses trends in the overall goals and outcomes and discusses the UNFPA contribution towards implementing the Programme of Action of the International Conference on Population and Development (ICPD) and achieving the Millennium Development Goals (MDGs). It demonstrates progress on the six outcomes and presents lessons learned in deploying the four MYFF strategies to attain results under the overarching principle of national capacity development.

3. UNFPA has increasingly been engaged in policy work and has strengthened partnerships with national counterparts including non-governmental organizations (NGOs), United Nations organizations, donors and civil society organizations to achieve common results. A major achievement was the commitment of countries at the 2005 World Summit to integrating the ICPD goal of universal access to reproductive health by 2015 into national strategies to attain the MDGs. Reproductive health and gender issues were increasingly included in national development frameworks such as sector-wide programmes, poverty reduction strategies and MDG reports over the 2004-2006 period. UNFPA country offices reported increasing involvement in these national processes to incorporate reproductive health and gender issues. UNFPA also contributed to building national capacity and ownership to improve the availability of reproductive health commodities, including forecasting and distribution. One measure of success is the significant increase in the number of countries allocating their national funds for contraceptive purchases. UNFPA assisted governments in expanding family planning services, improving maternal care and preventing HIV/AIDS among women and adolescents. UNFPA contribution, as part of the overall government and donor support, also made accessible quality reproductive health services as a result of support for capacity-building of service providers. This included developing national guidelines and protocols, designing models for scaling up, and strengthening monitoring and evaluation.

4. UNFPA country offices reported progress in building national capacity to collect and use data for monitoring national development plans. Many countries have established or are establishing sex-disaggregated population-related databases and monitoring systems to track progress in implementing national policies. UNFPA stepped up its support to the census process with an increasing number of country offices supporting interventions for capacity-building to conduct censuses and demographic and thematic surveys. UNFPA, in partnership with other agencies, has facilitated the incorporation of population and poverty linkages into the formulation of national development plans and policies. However, more progress is needed, including in incorporating population dynamics, gender equality and HIV prevention into policy and expenditure frameworks.

5. UNFPA has played an important role in increasing attention to gender-based violence, gender equality and women's empowerment issues, actively promoting the adoption of policies and setting up mechanisms to monitor and reduce gender violence and promote gender equality, through partnerships within and outside the United Nations system.

6. Managing-for-results framework. Progress was achieved in all five key areas of the managing-for-results framework. UNFPA had a record-level of contributions during the MYFF period, including the highest number of countries (180) contributing in 2006 as well as increased private-sector assistance. To strengthen its results-based approach to programme planning, UNFPA introduced several tools, including i-Track (MYFF impact tracking system), Atlas and the Balanced Scorecard. All UNFPA geographical divisions have been active in promoting results-based quality programming. In the context of United Nations reform, UNFPA strengthened partnerships and programming at country, regional and global levels. Staff use of knowledge-sharing approaches, resources and knowledge assets increased. The Fund's focus on learning is perceived as a strategic part of its organizational culture. Accountability has been strengthened, with more internal audits rated satisfactory or partially satisfactory and more country offices reporting annual reviews of office management plans. Results-based management needs to be further strengthened, and an appropriate organizational structure and support from regional and subregional levels need to be explored for delivering specific outputs.

Executive Summary (cont.)

7. Integrated resources framework. UNFPA income for 2004-2007 is estimated at $1,470 million from regular resources and $720 million from other resources. The estimated income during 2004-2007 for regular resources is thus slightly higher than the projected income for this period of $1,434 million, and the income from other resources is more than twice as high as that projected for 2004-2007 period.

8. Strategic considerations. The cumulative report concludes with lessons learned and strategic considerations for the next cycle. With respect to the strategic results framework, the review found that the goals and outcomes in the current MYFF, although reflecting the ICPD mandate, could be sharpened to clearly define the unique niche of UNFPA as part of a more cohesive United Nations. In the current MYFF, existing outcomes and indicators are too broad to permit identification of the source of the change. To deal with the attribution challenge, the regional and global programmes in the new strategic plan will be required to have clear outputs for which UNFPA will be accountable.

9. In terms of the UNFPA mandate, several lessons emerge. Significant policy and model-building advances have been made and must be capitalized on to scale up effective programmes serving the most marginalized groups. Changes in policies and laws are needed as well as human resource planning to scale up access to reproductive health services. UNFPA should enhance its efforts to ensure reproductive health commodity security and strengthen support for national mechanisms and data for monitoring and evaluating utilization and results.

10. In the area of population and development, the key finding is the insufficient support to the incorporation of population dynamics, gender equality and HIV prevention into policy and expenditure frameworks. To address this shortcoming, UNFPA plans to access expertise on expenditure frameworks, costing and budgeting and strengthen national capacity for integrating population factors in national planning and expenditure frameworks. Also, UNFPA will enhance its efforts to incorporate in its programming such emerging population issues as migration and ageing.

11. UNFPA has developed a strategic framework on young people and, along with other partners, will continue this work in the context of its comparative advantage and niche. UNFPA needs to strengthen its leadership, particularly at country level, in the area of HIV prevention among out-of-school young people in the context of the division of labour among partners in the Joint United Nations Programme on HIV/AIDS (UNAIDS).

12. The notable increase in mechanisms and the refinement of approaches around gender-based violence is encouraging, although it is critical to increase the monitoring and accountability of such mechanisms. Identifying and focusing on the UNFPA niche within the broad area of gender and women's empowerment will be a critical challenge to address in the new strategic plan.

13. UNFPA, in partnership with United Nations and other organizations, has become a key partner in humanitarian response, transition and recovery assistance. An important lesson learned is the need to incorporate ICPD issues into emergency preparedness plans to ensure that humanitarian responses address reproductive health (including HIV), gender and data issues.

14. UNFPA will continue to give high priority to delivering quality programming and strengthening results-based management at country level, in the context of the changing aid environment with new emphasis on national ownership of programmes and the ongoing reform decisions as articulated in General Assembly resolution 59/250 on the triennial comprehensive policy review of operational activities of the United Nations. To respond to these emerging needs of programme countries, and in the context of resolution 59/250, UNFPA needs to adapt its organization and management, particularly at regional level, to an efficient and effective structure with integrated technical, operational and management functions. For UNFPA to become a more field-focused organization would mean leveraging the key experiences and resources at regional and country levels and directing its priority attention towards capacity development and South-South support to countries.

I. INTRODUCTION

15. The present report was prepared in response to Executive Board decisions 2004/7 and 2004/20. UNFPA presented its second multi-year funding framework (MYFF) to the Executive Board in January 2004 (see DP/FPA/2004/4). The current document is a cumulative review of the implementation of the 2004-2007 MYFF. It outlines key contributions of UNFPA in assisting countries in implementing the Programme of Action of the International Conference on Population and Development (ICPD) and

ICPD+5 Key Actions and in achieving the Millennium Development Goals (MDGs) as well as other internationally agreed goals. Section II outlines the context in which UNFPA works. Section III reports on UNFPA progress in achieving MYFF goals and outcomes. Section IV focuses on managing for results. Section V presents the integrated resources framework. Section VI highlights lessons learned and strategic considerations for the next MYFF cycle and section VII contains a recommendation. Annex 1 provides the 2004-2007 MYFF results framework in a tabular form as presented earlier in document DP/FPA/2004/4; annex 2 presents a table showing progress in key outcome indicators; and annex 3 presents a table showing progress in UNFPA country office involvement in key outcome indicator areas.

16. This report uses data and information gathered from internal reporting instruments, notably annual reports of UNFPA country offices, country technical services teams (CSTs) and headquarters units. Data are available for the qualitative outcome indicators, country programme output indicators and managing-for-results indicators. However, there is a lack of current data for reporting on all the MYFF goal indicators and selected outcome indicators in the 2004-2007 period. Still, there has been a marked improvement in the availability and quality of data at the outcome level, and a notable increase in the recording and reporting of data at the country level reaching, in 2006, a 100 per cent submission rate of annual reports by country offices supporting country programmes. Data availability and quality vary greatly from country to country, and continued efforts are necessary to build capacity in data collection, as well as in monitoring and reporting programme results.

II. CONTEXT

17. The rapidly emerging development architecture and the changing aid environment within which UNFPA works, along with other United Nations organizations, bring a new set of opportunities as well as challenges for the organization and its mandate. Several developments have taken place since the adoption of the MYFF, 2004-2007. At the 2005 World Summit, world leaders reaffirmed the importance of reproductive health to the achievement of the MDGs and committed themselves to the goal of universal access to reproductive health by 2015, as set out in the ICPD Programm of Action. Countries agreed to adopt, by 2006, comprehensive national development strategies to achieve the internationally agreed objectives, including the MDGs, reflecting country ownership as underscored in the General Assembly resolution 59/250 on the triennial comprehensive policy review of operational activities for development of the United Nations system, and in the Paris Declaration on Aid Effectiveness. Member States at the General Assembly session in October 2006 endorsed the target of universal access to reproductive health by 2015, thereby asserting the relevance of ICPD goals to the attainment of the MDGs, and particularly Goals 1, 3, 4, 5 and 6. UNFPA subsequently developed a brief for its country offices on key actions to be taken at country level for UNFPA to capitalize on the important opportunities outlined in the 2005 World Summit Outcome Document.

18. New aid modalities have emerged in line with the commitments of the Paris Declaration around national ownership and alignment. Budget support, basket funding and upstream policy dialogue are being pursued. These trends can significantly affect UNFPA. There is an inherent tension between budget support/basket funding and the ability to attribute development outcomes to any one player. UNFPA had a clear indicator in its MYFF on contribution towards incorporating reproductive health and gender in sector-wide approaches (SWAps). Based on lessons from the field, several initiatives were undertaken to build the UNFPA capacity for positioning its mandate in the context of SWAps. These included development of a knowledge asset on SWAps, country evaluations of participation in SWAps, global lessons learned and recommendations on SWAps and budget support (June 2005) and a resource tool for UNFPA staff.

19. Progress in implementing the ICPD Programme of Action at the country level has been considerable, as documented by the 2004 ICPD+10 review, *Investing in People: National Progress in Implementing the ICPD Programme of Action 1994-2004 (UNFPA, New York, 2004)*. The review underscored that the attainment of ICPD goals was critical to achieving the MDGs. The Stockholm Call to Action in April 2005 from a high-level round table, 'Reducing Poverty and Achieving the Millennium Development Goals: Investing in Reproductive Health and Rights', convened by UNFPA and the Government of Sweden drew global attention to the need for increased investments in reproductive health and rights as a developmental priority. During the MYFF period, UNFPA continued to accord the highest priority and the largest share of its programme resources to category A countries (the category includes all least developed countries). This commitment aligns well with the Brussels Programme of Action for Least Developed Countries. However, despite progress in integrating sexual and reproductive health into national policies in recent years, their implementation is uneven across countries, often because of lack of resources, limited national systems capacity, vertical disease-specific approaches, limited allocations for implementation in national budgets, and requirements to address cultural factors in a sensitive way. This is a continuing challenge for UNFPA.

20. The need to make the United Nations a more effective multilateral institution has been on the agenda of the international community for more than a decade. The triennial comprehensive policy review of operational activities for development of the United Nations system strengthened this objective. UNFPA is fully committed to the ongoing United Nations reform, taking it as an opportunity to increase the momentum for implementing the ICPD Programme of Action and improving the effectiveness of the United Nations system contribution to attainment of the internationally agreed development goals. In this context, UNFPA actively participates in the reform-related decision-making and coordination mechanisms. The UNFPA Executive Director is chairing the High-level Committee on Management (HLCM) of the United Nations Chief Executives Board for Coordination (CEB). Also, UNFPA is currently chairing the United Nations Development Group (UNDG) subgroup on aid effectiveness. The Fund has also worked to ensure integration of reproductive health and gender into the United Nations humanitarian response cluster system. UNFPA is participating in all the United Nations "One UN" and joint office pilots. Furthermore, UNFPA is responding to the General Assembly resolution 59/250, including with regard to regional alignment and the importance of the regional and subregional dimensions of development cooperation.

III. STRATEGIC RESULTS FRAMEWORK: ASSESSING PROGRAMME RESULTS

21. The 2004-2007 strategic results framework (see annex 1) sets organizational results at the goal and outcome levels: UNFPA contributes to these with other development partners. Assessing UNFPA contribution to results at the global and outcome levels is problematic because of issues of direct attribution and aggregation. To deal with this challenge the present report has made an effort to highlight specific contributions UNFPA has made towards achieving outcomes in the strategic results framework.

22. The lack of up-to-date and comparable data on many of the quantitative goal and outcome indicators limits the discussion of progress on the indicators. To improve its capacity to track and report on results, UNFPA revised its annual reporting mechanisms to simplify them and improve their results orientation. A MYFF impact tracking system (i-Track) was put in place, which allowed for country office annual reporting to be done online, and facilitated the storing of MYFF-related information for monitoring, reporting and trend analysis. Continued investment in building national capacity to collect data disaggregated by sex, age, income, and rural and urban residence as well as the analysis and utilization of such data should be considered a priority for support by UNFPA and other development partners.

23. The MYFF goals reflect the commitment of UNFPA to the implementation of the ICPD Programme of Action: good reproductive health for all, a balance between population dynamics and social and economic development, and gender equality and the empowerment of women. The six outcomes delineated in the MYFF strategic results framework capture UNFPA contributions in assisting countries in achieving ICPD goals. The following section discusses progress towards each of the MYFF goals, the related outcomes and analysis of contribution to the MYFF indicators in the context of the four MYFF strategies of advocacy and policy dialogue; building and using a knowledge base; promoting, strengthening and coordinating partnerships; and developing systems for improving performance.

A. Reproductive health

MYFF Goal 1: All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

24. Promoting reproductive health and rights is central to the UNFPA mission. UNFPA endeavours to contribute to the goals of reducing maternal mortality, adolescent fertility, HIV prevalence among young people, under-five mortality and unmet need for family planning. The MYFF captures these goals through three outcomes: a policy environment promoting reproductive health and rights; access to comprehensive sexual and reproductive health services; and demand for sexual and reproductive health.

25. The analysis of reproductive health goal indicators shows that maternal mortality has remained high in many developing countries. According to the MDG 2006 progress report, the maternal mortality ratio has shown no progress in sub-Saharan Africa and Southern Asia. However, estimates of adolescent fertility rates and under-five mortality rates show a decrease, especially in the least developed countries. The data on unmet need for family planning are insufficient to allow a monitoring of regional and global trends. Although countries have established reproductive health programmes, many births in those countries are still unwanted or mistimed. Also, modern family planning methods remain unavailable to large numbers of couples and particularly to unmarried young people. The HIV/AIDS crisis has worsened the mortality and morbidity situation in at least 53 of the most affected countries. Adolescents, women and girls are disproportionately and increasingly infected and affected. In addition, the absolute numbers of infected persons are still growing, underscoring the need for universal access to HIV prevention, treatment and care, linked to sexual and reproductive health information and services.

26. A major achievement of the 2005 World Summit was the commitment of countries to integrating the ICPD goal of universal access to reproductive health by 2015 into national strategies to attain the MDGs and the endorsement of this target by the General Assembly. Furthermore, there has been an upward shift, in terms of funding, in response to the global HIV/AIDS epidemic. The challenge for UNFPA is leveraging these new resources for comprehensive sexual and reproductive health, including HIV/AIDS prevention, especially for young people and marginalized populations.

Progress on Outcome (i): Policy environment that promotes reproductive health and rights

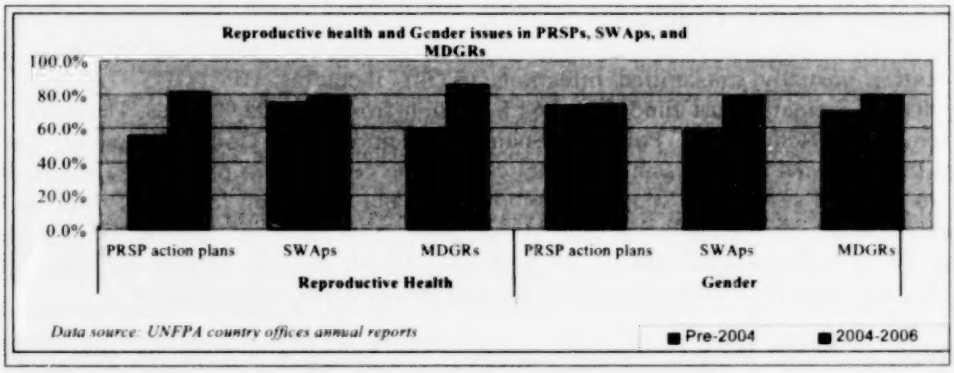
27. The emergence of global and national partnership frameworks, such as MDGs, national development frameworks, SWAps and poverty reduction strategy papers (PRSPs), provided excellent opportunities for advancing the ICPD agenda, and encouraging attention to reproductive health and gender issues in poverty analysis, development planning, monitoring and evaluation. Through strengthening partnerships and collaboration, UNFPA provided support for legislative and policy

changes to promote adolescent and youth sexual and reproductive health and women's rights, including access to services and national and subnational laws and policies to delay the age of marriage. Moreover, increases in national budget allocations for reproductive health commodities were promoted as crucial to the long-term availability and sustainability of services and commodities.

28. Incorporation of reproductive health and gender in national development frameworks. As may be seen from the summary table in annex 2, there was increased attention accorded to reproductive health issues in national development frameworks during the period 2004-2006. Of 21 PRSP action plans finalized since 2004, 81 per cent incorporate key reproductive health issues compared with 56 per cent of the 27 PRSP action plans developed before 2004 (figure 1). A specific example is Uganda's poverty reduction strategy, which made provisions for the acquisition of contraceptives for 50 per cent of women of reproductive age. There has been an increase in the incorporation of adolescent sexual and reproductive health, emergency obstetric care and prevention of gender-based violence in the PRSP, issues that received limited attention before 2004. During 2004-2006, UNFPA involvement in the PRSP process significantly increased (see details in annex 3).

29. There was also an increase in the percentage of SWAps that included reproductive health as well as key gender issues during the MYFF period (figure 1). UNFPA was actively engaged in SWAps during this MYFF period with the increased involvement of country offices (see annex 3). There were successful experiences in increasing resource mobilization for reproductive health in Afghanistan, Armenia, Bangladesh, Ethiopia, Ghana, Malawi, Mozambique and the United Republic of Tanzania. UNFPA pooled its funding in the reproductive and child health SWAp in India and provided strategic technical and operational support including bringing gender dimensions and community participation to the national programme. To strengthen its capacity to participate actively in SWAps, UNFPA developed and disseminated a reproductive health costing tool and worked towards incorporating its key elements into the United Nations Millennium Project/UNDP costing programmes. UNFPA also developed a global knowledge asset on SWAps as well as a review of lessons learned and a programme resource document. Notable progress was seen in the incorporation of three important reproductive health issues -- maternal mortality, HIV and modern family planning -- into MDG reports in recent years and in UNFPA involvement in the same (annex 3).

Figure 1



30. To consolidate these positive trends, UNFPA needs to further strengthen human resources capacity at the country level to link reproductive health, population and gender issues with the broader issues of poverty reduction. The Fund also needs to proactively seek opportunities for UNFPA participation in the nationally led macro-level planning process. Furthermore, capacity-building for

implementing and monitoring such strategies, particularly as they relate to reproductive health, will be critical.

31. National and subnational policies in place to increase the access of youth to quality sexual and reproductive health information and services. Encouraging results were achieved in this area, building on the strategic focus of UNFPA on advocacy and policy dialogue. Since 2004, at least 15 countries approved new policies designed to increase access to reproductive health services for adolescents. For example, in Nicaragua, the local government created municipal action plans to increase access to education and services for the youth. Sri Lanka developed national guidelines on access to youth-friendly services and piloted an innovative social franchising approach. UNFPA country office involvement in this area also increased, from 70 per cent in 2004 to 100 per cent by 2006 (annex 3).

32. Analysis of the design and level of implementation of these policies shows that passage of the policy is only the first step in a longer process of expanding adolescents' access to information, education and services. Given the need for full implementation of policies, country-level assessments are needed to identify strategies to promote implementation, enhance monitoring and improve effectiveness. It is equally vital to work with other development partners in implementing important policies.

33. National and subnational laws and policies to delay the age of marriage. Early marriage is closely linked to maternal mortality. The number of programme countries reporting a legal minimum age for marriage of at least 18 years for women has greatly increased, from 50 in 2004 to 72 in 2006. UNFPA country office involvement in this area increased from 12 to 45 offices over the same period. In many countries, customary or religious laws supersede the statutory or common/judicial law in relation to the legal age at marriage. UNFPA has been increasingly supporting law and policy implementation, with 34 country offices in 2006 reporting contributions to government on mechanisms for legal enforcement. UNFPA has also partnered with several organizations including the International Planned Parenthood Federation (IPPF) in the area of adolescent policy and programming at global and country levels. However, less than 50 per cent of laws in this area have been fully enforced. UNFPA will continue to support governments in strengthening their capacity to enforce existing laws delaying the age at marriage.

34. **Reproductive Health Commodity Security**. Improving reproductive health commodity security (RHCS) is a critical component of strategies for reducing the unmet need for family planning and for preventing sexually transmitted infections (STIs), including HIV/AIDS. In 2004, UNFPA established a RHCS thematic trust fund with $63.8 million from Canada, Cyprus, Denmark, Estonia, Finland, Luxembourg, Netherlands, Portugal, Spain, Sweden and the United Kingdom. The RHCS thematic trust fund focused on increasing national capacity in countries to plan, manage and distribute commodities to ensure a sustainable supply of commodities and to prepare for urgent needs in times of unforeseen emergencies in 60 countries. By March 2007, the fund had grown to 12 donors and approximately $87.9 million. Additionally, the European Union and the United Nations Foundation provided $11 million for RHCS through separate funding mechanisms and agreements.

35. Allocation of health budget to contraceptives. The budget allocation for contraceptives by governments is a key to the sustainability of reproductive health services and is a MYFF outcome indicator. The number of countries allocating their own funds for contraceptive purchases increased from 34 in 2004 to 66 in 2006 (annex 2). A total of 13 country offices reported increases in the national budgets for contraceptives over the same period. Kenya and Pakistan agreed to include, for the first time, a budget-line item in the national budget for the procurement of contraceptives. The Syrian Arab Republic signed an agreement to increase its contribution to contraceptive procurement from 15 per

cent to 50 per cent. With the support of UNFPA, some governments are fund-raising for their five-year condom strategies whereas others are allocating funds from other sources, such as the Global Fund for HIV/AIDS, Tuberculosis and Malaria, to support the commodities and programme costs. Moreover, along with male condoms, female condoms for HIV and for reproductive health are now being integrated into the National Essential Drug List in some countries.

36. UNFPA also expanded services to ensure the provision of an adequate, secure supply of quality contraceptives and other reproductive health commodities. UNFPA partners in the global Reproductive Health Supplies Coalition (RHSC), a forum of multilateral organizations, institutional donors, foundations and non-governmental organizations (NGOs) established in 2004 to provide leadership, strengthen collaborative strategies and exchange technical information for making essential reproductive health products available to countries. The coalition is currently chaired by Germany and the Netherlands. UNFPA also established a new partnership agreement for condom distribution with the United Nations High Commissioner for Refugees (UNHCR) and social marketing companies in several countries, including countries with conflict and post-conflict situations. In 2005, UNFPA provided 725 million condoms to developing countries. In many countries, however, UNFPA is still either the major or the sole provider of contraceptives. Continued advocacy and partnerships are necessary, especially in the least developed countries, to increase the commitment of both donors and governments to allocate sufficient resources to purchase contraceptive supplies and develop sustainable mechanisms.

Progress on Outcome (ii): Access to reproductive health services is increased

37. UNFPA has long supported strengthening national capacities to increase access to the full range of high-quality reproductive health services. The UNFPA strategy to contribute to achieving this outcome has focused on reducing maternal mortality and morbidity; addressing unmet need for family planning; preventing sexually transmitted infections including HIV/AIDS; and promoting adolescent sexual and reproductive health. Given that most indicators under this outcome do not have up-to-date information, the present report will discuss the overall situation, taking into account the information available and will focus on the role played by UNFPA to contribute to the achievement of results

38. Over the last four years, UNFPA has continued to support the strengthening of national capacities to increase the availability of high quality sexual and reproductive health services. Since 2004, there is an increasing trend in access to reproductive health services in programme countries where UNFPA is providing support, as reflected in the percentage of service delivery points (SDPs) offering at least three reproductive health services (table 1). The services include modern family planning methods, maternal health, assisted delivery, essential and emergency obstetric care and the prevention of STIs and HIV/AIDS. To advance access to reproductive health services, UNFPA country offices have focused on undertaking advocacy, in partnership with national organizations, to increase investments in family planning services; promoting reproductive health commodity security; expanding choice of methods; improving the quality of services; increasing capacity in areas such as protocol development and improvement in logistics, monitoring and evaluation; and undertaking advocacy and capacity-building to expand services to adolescents. At the primary health-care level, UNFPA continued to expand the availability of modern contraceptives. However, as may be seen in table 1 below, there are still large populations that lack access to reproductive health services. Addressing the gap is critical, particularly among women with unmet needs in the lowest socio-economic quintiles.

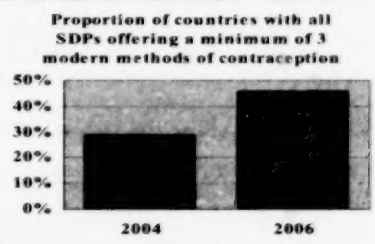
Table 1. Percentage of service delivery points offering at least three reproductive health services[1]		
	2004	2006
Proportion of countries with at least 60* per cent of service delivery points (SDPs) offering a minimum of three reproductive health services	77%	90%
Proportion of countries with at least 80* per cent of SDPs offering a minimum of three reproductive health services	65%	83%
Proportion of countries with all SDPs* offering a minimum of three reproductive health services	32%	50%

Sources: 2004, 2005, 2006 Country office annual reports.

[1]Percentages of countries reporting data.In 2004, 66 countries reported data; in 2006, 42 countries reported data.

* ICPD+5 Key Action 53: 60% of SDPs should offer a range of reproductive health services by 2005, 80% by 2010 and 100% by 2015.

Figure 2



Source: UNFPA country offices annual reports
2004: 70 countries with data available ;
2006: 48 countries with data available.

39. **Family planning.** Increasing access to voluntary family planning services has been at the heart of the UNFPA mission. The increase in the MYFF indicator of contraceptive prevalence rate, in a setting offering voluntary family planning services, points to a successful programme. Despite the lack of data for a global or regional contraceptive prevalence rate, improvement is evident in countries. For the family planning programme to be accessible, contraceptives must be available at SDPs. There was an increase in countries reporting the availability of a minimum of three modern methods of contraception at SDPs (figure 2).

40. However, the proportion of countries in which all SDPs provide at least three methods is still low at 46 per cent. Since 2004, UNFPA has contributed to increased access to modern family planning through support to countries for contraceptive procurement, distribution and commodity security. Other interventions included community-based distribution programmes, behaviour change communication and female condom programming.

41. **Maternal health**. The reduction of maternal mortality is one of the leading international development priorities. Saving mothers' lives and protecting them from serious health complications associated with pregnancy and childbirth are human rights imperatives. UNFPA continued to work in this area through a strategy that provides support to family planning to avoid unintended and unwanted pregnancies, skilled attendance at birth for all women and emergency obstetric care in case of complications.

42. Proportion of births attended by skilled health personnel. The proportion of countries having at least 90 per cent births attended by skilled health personnel increased from 38 per cent in 2004 to 41 per cent in 2006. There was an 85 per cent increase in the number of UNFPA country offices supporting interventions to increase the capacity of service providers in safe delivery and emergency obstetric care (annex 3). Of the 54 country offices that reported on providing support to increase access to skilled attendance at birth in 2005, 81 per cent invested primarily in training new providers. The other most common interventions were support to the formulation and implementation of protocols. There has been

significant progress since 1990 in the proportion of births attended by skilled personnel. Nonetheless, 2004 data suggest that both sub-Saharan Africa and South Asia still have low levels of assisted deliveries.

43. With reference to emergency obstetric care between 2004 and 2006, there was a 15 per cent increase in the number of UNFPA country offices supporting interventions to increase the capacity of service providers in safe delivery and emergency obstetric care (annex 3). UNFPA continues to collaborate closely with other development partners such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the World Bank towards the reduction of maternal morbidity and mortality. UNFPA has a Strategic Partnership Programme with WHO to strengthen its partnership at regional and country levels. An illustration of collaboration is in Kazakhstan, where UNFPA has a joint programme on Safe Motherhood and Emergency Obstetric Care with other development partners, including WHO and UNICEF.

44. The UNFPA Campaign to End Fistula has expanded from an initial six countries in 2003 to more than 40 countries to date in sub-Saharan Africa, South Asia and the Arab States region. In 2006, countries in Asia reiterated their commitment to end fistula in the region at the Second Asia and Pacific Regional Workshop on Strengthening Fistula Elimination in the Context of Maternal Health. More specifically, Bangladesh expanded fistula treatment facilities to seven regional government hospitals, and Pakistan laid the foundation for setting up four regional fistula repair centres by 2006. A Comprehensive Fistula Centre in Western Darfur, Sudan, provides fistula repair operations for Sudanese women and also serves refugees from the Central African Republic and Chad.

45. **Sexually transmitted infections, including HIV/AIDS**. Within the concerted efforts of UNAIDS, UNFPA positions its work in the context of strengthening linkages between sexual and reproductive health and HIV/AIDS, focusing on three priority areas: HIV prevention in young people, comprehensive condom programming both for male and female condoms and HIV prevention in women and girls. UNFPA is firmly committed to responding to the "Three Ones" principles: one national AIDS coordinating authority; one national AIDS action framework; and one monitoring and evaluation system. The AIDS epidemic is integrally linked to sexual and reproductive health. The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Both HIV/AIDS and poor sexual and reproductive health are driven by common root causes, including poverty, gender inequality and social marginalization of the most vulnerable populations. Responses to both health issues need to be closely linked and mutually reinforcing. UNFPA is supporting African countries in implementing the Maputo Plan of Action which works towards the goal of universal access to sexual and reproductive health services in Africa by 2015.

46. Data on the two MYFF HIV/STI indicators -- condom use at last high-risk sex; and clients with STIs who are appropriately diagnosed, treated and counselled – are limited. Scaling up high quality services to prevent HIV transmission and the prevention and treatment of STIs necessitate a high level of attention to developing and implementing protocols and guidelines. UNFPA has been active in protocol development support and by 2006, the number of country offices supporting HIV/AIDS and STI protocol development had increased (annex 3). UNFPA has also strengthened its country offices, adding nearly 100 HIV/AIDS programme officers in priority countries in all regions (90 per cent at national level) to facilitate capacity-building and programming. UNFPA also chairs the United Nations Theme Group on HIV/AIDS in 20 per cent of programme countries. As part of its initiatives as United Nations focal point on HIV and sex work, UNFPA, through a global technical consultation, developed a guidance note on a rights-based comprehensive response to HIV and sex work. UNFPA plans to leverage international support for HIV prevention and focus on scaling up integrated programming for sexual and reproductive health and HIV services, particularly for the out-of-school young people.

47. UNFPA is committed to following up on the recommendations of the Global Task Team (GTT) on improving AIDS coordination. Recognizing the realities on the ground, UNFPA utilizes innovative, resourceful and culturally sensitive approaches as it strives to work effectively with partners to support governments to build capacity and scale up their responses. The adaptation of the global-level consensus on a technical support division of labour, to the country realities is an important aspect of the process. In February 2006, in follow-up to the Secretary-General's communication of December 2005, UNFPA instructed all its regional directors and country representatives to support the implementation of GTT recommendations as a priority with emphasis on: (a) establishment of a clearer division of labour among UNAIDS co-sponsors; (b) strengthening of UNFPA country offices to provide more effective technical support on HIV/AIDS; (c) formation of a joint United Nations system-Global Fund problem-solving and implementation support team (GIST) to address critical implementation bottlenecks; and (d) progress in the establishment of joint United Nations teams on AIDS to achieve greater United Nations system coordination at country level.

48. **Adolescent sexual and reproductive health**. Youth is a cross-cutting issue in the MYFF framework, which emphasizes preventing both HIV/AIDS and early pregnancy for young people. In 2006, UNFPA developed its organizational strategic framework on young people based on evaluation of the Fund's work, including the multi-donor evaluation of UNFPA and IPPF. The Fund's priority focus on adolescents shows increasing support to sexual and reproductive health services and information that respond to adolescents' needs, particularly in the context of capacity-building. Many countries support adolescent and youth programmes to build a supportive environment, combined with behaviour change communication interventions and the availability of youth-friendly reproductive health services.

49. Much of UNFPA progress in adolescent sexual and reproductive health draws from partnerships with other United Nations organizations, donors, international agencies and national NGOs. For example, the Reproductive Health Initiative for Youth in Asia (RHIYA) continues the successful collaboration with the European Union and European and local NGOs to improve the sexual and reproductive health of the most vulnerable populations focusing on adolescents and youth in seven countries in Asia. Since its start in 2003, UNFPA work with RHIYA contributed to the development of national adolescent sexual and reproductive health strategies and policies in Bangladesh, Cambodia, Lao People's Democratic Republic, Pakistan and Viet Nam. The African Youth Alliance (AYA) is also a unique partnership programme focusing on improving the lives of young people in Botswana, Ghana, Uganda and the United Republic of Tanzania. In 2006, a project was completed for improving reproductive health services for displaced adolescents in Burundi, Colombia, Democratic Republic of the Congo, Liberia, Occupied Palestinian Territory, Rwanda and Sierra Leone.

50. UNFPA activities have continued to position the Fund as a key partner in adolescent sexual and reproductive health. For example, in Western Asia, UNFPA played an important role in initiatives such as the Regional Strategy on the Arab Young People's Empowerment and Participation. Also, UNFPA in partnership with UNICEF and the German Agency for Technical Cooperation, provided technical support to data collection activities on youth as well as support to the drafting of an adolescent reproductive health strategy for Yemen. In South-East Asia, UNFPA collaborated with two WHO regional offices and other United Nations organizations and NGOs to draft regional strategies for tackling young peoples' sexual and reproductive health and HIV/AIDS. In the Asia and the Pacific region, UNFPA supported efforts of the United Nations Educational, Scientific and Cultural Organization (UNESCO) to host an online clearing house for adolescent sexual and reproductive health practitioners in the region. A 2004 evaluation of the UNFPA and International Planned Parenthood Federation support for addressing the reproductive health needs of young people in six countries highlighted a number of common areas for collaboration. UNFPA strengthened partnerships with IPPF

at global, regional and country levels. The UNFPA country office in Sri Lanka partnered with the IPPF South Asia office for technical collaboration for adolescent and youth programming. IPPF affiliate organizations were involved in partnerships with several other UNFPA country offices in advocacy and programming.

Progress on Outcome (iii): Demand for reproductive health is strengthened

51. As affirmed at the ICPD and the 1995 Fourth World Conference on Women in Beijing, a woman's ability to make autonomous, informed decisions about sexuality and reproduction is central to her enjoyment of human rights. Despite progress since the ICPD and the Beijing conference in developing policies, a significant gap remains between policy and implementation, especially with regards to women and girls in marginalized groups. Strengthening demand is a crucial factor in making sexual and reproductive health policies and programmes work for the poor and marginalized groups. Strengthening demand also encourages a rights-based approach that highlights empowerment and choice. To this end, UNFPA has directed its efforts towards empowering women, girls, adolescents and communities, and involving men to promote access to sexual and reproductive health education and services.

52. UNFPA has increasingly supported interventions that would empower women in decision-making in reproductive health. Country office support to increase women's decision-making power and male involvement in reproductive health matters increased from 34 per cent in 2004 to 93 per cent in 2006 (annex 3). One effective strategy to increase the utilization of comprehensive sexual and reproductive health services for men and women is to involve men by integrating these health services with information and education and services on STIs and HIV/AIDS. Another strategy is to mobilize agents of change such as religious and community leaders. A third strategy is to target male-dominated institutions such as the police, the armed forces, labour unions and formal workplaces in order to disseminate information in support of prevention of STIs, including HIV/AIDS, and to provide services.

53. UNFPA supported several interventions with religious leaders to build support for sexual and reproductive health and gender issues. In Bangladesh, 35,000 religious leaders were trained in reproductive rights and reproductive health, HIV/AIDS and gender issues. At a UNFPA-supported conference attended by the Prime Minister of Bangladesh, imams expressed strong support for reproductive health, safe motherhood and gender issues, and many later incorporated these topics into their sermons. Afghanistan convened a national consultative conference on HIV/AIDS with 160 prominent religious leaders from 34 provinces, securing agreement on their important role in the fight against HIV/AIDS and on a tentative action plan. Djibouti, Ethiopia, Indonesia, Kyrgyzstan, Madagascar, Occupied Palestinian Territory, Sudan and Turkey reported consensus-building interventions among religious leaders. Uganda included HIV/AIDS voluntary counselling and testing in prenuptial counselling guidelines of the Anglican Church; and the Uganda Supreme Muslim Council expressed support for condom use by married couples for HIV/AIDS prevention. In Botswana, 36 churches endorsed the implementation of adolescent sexual and reproductive health programmes.

54. National and subnational mechanisms that advance civil society participation in planning and monitoring quality reproductive health services. Through civil society partnerships, UNFPA has played a strategic role in working with both health sector institutions and civil society organizations in efforts to increase access to, and use of, services. The number of countries with national and subnational mechanisms that include civil society participation in planning and monitoring quality reproductive health services increased significantly, from 58 countries in 2004 to 80 in 2006. Based on the country office reports, such mechanisms existed in 88 per cent of the total African countries reporting; 85 per

cent of the reporting counrties in Asia and the Pacific; 61 per cent of the countries reporting from the Arab States and the Eastern and Central European regions; and 88 per cent of the countries reporting from Latin America and the Caribbean. The nature of the mechanisms reported by the UNFPA country offices was diverse. The mechanisms included various types of multisectoral committees and commissions, such as national reproductive health or population committees, health services management committees, HIV/AIDS coordination committees and local user committees.

55. Proportion of population aged 15-24 with comprehensive and correct knowledge of HIV/AIDS. This MYFF indicator is also a United Nations General Assembly Special Session on HIV/AIDS (UNGASS) indicator that assesses progress in the dissemination of knowledge, a prerequisite for youth to make informed decisions. Precise data on this indicator are not yet available for this MYFF period. However, reporting of UNAIDS for the HIV/AIDS high-level meeting in June 2006 found that one-third of the boys and one-fourth of the girls had comprehensive knowledge on HIV prevention. The proportion of countries with at least 60 per cent of secondary schools that have adopted reproductive health curricula has increased. The support provided by UNFPA was concentrated mainly on curriculum development or design, the publishing of training manuals and educational materials, and expansion of the coverage of pilot programmes.

56. In Southern Africa, UNFPA contributed within a range of partnerships on young people. For example, UNFPA contributed as a member of the United Nations inter-agency subgroup for young people to organize a review meeting for the life skills programmes that are currently used in the subregion. The analysis resulting from that meeting and its report has been used to identify important follow-up actions, including rapid assessment of life skills programmes in at least six priority countries. Additionally, MTV's "Staying Alive" programme developed a 16-episode adolescent programme which was broadcast throughout Africa twice a week for six weeks. This was a result of a partnership between Family Health International and UNFPA. The main challenge is how to sustain and scale up these activities. In collaboration with other development partners, UNFPA will continue to develop innovative approaches and mobilize support for scaling them up to maximize impact on youth.

57. **Humanitarian response**. In more than 40 countries with conflict, post-conflict or emergency situations, people face threats to their reproductive health due to crises. In coordination with other United Nations organizations, UNFPA has made strong efforts to respond to the crises caused by conflict and/or natural disasters and to provide support for recovery and reconstruction efforts. UNFPA work in humanitarian response programmes has grown dramatically to more than 40 countries in the reporting period. In September 2006, the UNFPA Executive Board approved a three-year institutional strategy (2007-2009) aimed at building capacity for emergency preparedness and response within UNFPA, national governments and other counterparts, and throughout the entire humanitarian system. Through participation in various inter-agency forums, UNFPA increased its contribution in crisis and post-crisis settings in collaboration with other partners such as the Department of Peace-Keeping Operations (DPKO), the Office of the Coordinator of Humanitarian Affairs (OCHA) and UNHCR to better serve the affected population.

58. UNFPA contributions included raising awareness among its partners on gender dimensions of humanitarian crises; providing reproductive health kits, especially for safe delivery; providing post-exposure prophylaxis for victims of gender-based violence; distributing male and female condoms in refugee and internally displaced persons' camps; and creating safe houses for women in the camps. In more than 30 countries, UNFPA ensured that the reproductive health needs of the affected population were met; supported national reconstruction and recovery efforts and, in a growing number of post-conflict settings, engaged in joint assessments, transition frameworks and the consolidated appeals process; provided and re-established basic services; promoted policy dialogue in the security sector and

in health sector reform; and worked in integrated United Nations missions. An example of this work is the support provided after the tsunami in 2004 to Indonesia, Maldives, Sri Lanka and Thailand. In Sri Lanka, UNFPA was involved in primary health care infrastructure and services recovery in tsunami-affected and conflict areas. UNFPA provided technical assistance in reproductive health, including family planning and HIV/AIDS, to a post-tsunami needs assessment mission among Thai residents and migrant workers from Myanmar. Evaluations of responses to recent disasters such as the 2004 tsunami and the 2005 earthquake increased awareness of gender-based violence. In the aftermath of the devastating earthquake in Pakistan, UNFPA advocated for the concerns of women and girls, supporting the construction of 34 pre-fabricated health structures and 150 health houses for lady health workers, as well as the provision of medications and response to the specific health and hygiene needs of women. In humanitarian responses, UNFPA works with numerous partners such as UNHCR, DPKO, UNICEF, UNDG working groups, UNAIDS, International Federation of Red Cross and Red Crescent Societies, the European Union and academic institutions.

B. Population and development

MYFF Goal 2: Countries address the interactions among population dynamics, sustainable development and poverty, including the impact of HIV/AIDS

59. Population dynamics influence every aspect of human, social and economic development. UNFPA work on population and development is central to the international community's efforts to eradicate poverty and achieve sustainable development. The core areas of UNFPA work, namely, reproductive health and rights and women's empowerment, powerfully influence population trends. An analysis of population dynamics is necessary in the context of the MDG goal of poverty reduction. To this end, UNFPA, in collaboration with the World Bank, developed a framework linking population, reproductive health and gender with poverty, which will be operational at the field level in 2007. Furthermore, the HIV/AIDS pandemic makes it all the more imperative to track and monitor its impact on population dynamics and vice versa. In addition, the 2005 Paris Declaration on Aid Effectiveness reinforces the need for appropriate data availability and use in order to better deliver aid through the principles of results orientation and accountability. Hence, UNFPA work towards this MYFF goal is more relevant than ever.

60. During the last four years, improvement has been noted in the key MYFF goal indicators in population and development. Life expectancy at birth has increased for both males and females. The female life expectancy at birth in less developed regions has increased from 65.9 years (2000-2005) to an estimated 67.2 years (2005-2010). The dependency ratio in the less developed regions has decreased from 62 per cent (2000) to 57 per cent (2005). Eastern and South-Eastern Asia has already met the target of reducing extreme poverty by half. Northern Africa and Southern Asia's targets are expected to be met by 2015, if the prevailing trends persist. The issue of international migration has come to the fore in the global debate. UNFPA became a new member of the Global Migration Group set up to address the challenges of international migration. UNFPA co-sponsored key migration workshops for United Nations missions on HIV/AIDS and migration, and human rights and migration. In 2006, the UNFPA annual flagship publication State of the World Population focused on migration issues, including young mobile populations.

Progress on Outcome(iv): Utilization of age and sex-disaggregated population-related data is improved

61. Sex- and age-disaggregated data from national and subnational databases used to monitor national development plans. UNFPA has supported countries, most notably through census and demographic health surveys, to build their capacity to collect, analyse and disseminate data and, most

importantly, to use this information for development interventions. UNFPA experience proves that the availability of relevant and reliable disaggregated data is vital to ensure consideration of the marginalized population.

62. With regard to databases and monitoring systems, despite the advancement on development of monitorable plans, there is a need to build national capacity so that the implementers are able to disaggregate available data and utilize them. Planning and implementation of data collection should also involve civil society groups as with monitoring and evaluation of development interventions. Of 90 countries that have adopted national development plans since 2000, only 60 promoted the undertaking of scheduled surveys and 41 promoted the participation of civil society groups in monitoring and evaluation. UNFPA support has increased over the years, from 48 country offices reporting involvement in this area in 2004 to 83 in 2006 (annex 3).

63. Globally, UNFPA, together with partners, was instrumental in building national capacity to undertake census and scheduled surveys. Information is gathered via three vehicles: databases and monitoring systems, population and housing censuses, and demographic and reproductive health and technical surveys. Country offices reported an increase in the number of countries with one or more national sex-disaggregated population-related databases, from 74 in 2004 to 86 in 2006 (annex 3). This change reflects both improved reporting by the country offices as well as an actual increase in the availability of databases for development planning, monitoring, and evaluation. As part of its support to promote coalitions with donors and technical partners, UNFPA will continue its work with governments and other development partners in the DevInfo initiative to support tracking of MDGs and to make data accessible through advocacy as well as by promoting modern technologies in data management, such as Internet-based systems and databases. In the Syrian Arab Republic, for example, DevInfo was successfully initiated as part of a joint effort between the Government and the United Nations Country Team (UNCT).

64. As part of the UNFPA effort of supporting South-South cooperation, the Fund facilitated the institutional linkage between the Afghanistan Central Statistics Office, the Statistics Centre of Iran and the University of Tehran in the area of population data collection, processing and analysis. UNFPA has been a strong advocate of population and housing censuses for the last three decades. The UNFPA Africa Division has already started preparations for the 2010 round of censuses and is assisting 19 sub-Saharan African countries. In East and South-East Asia, 12 countries will undertake censuses during 2005-2011. In Afghanistan, UNFPA is the lead United Nations agency to support the preparations for the country's first complete population and housing census. In Banda Aceh in Indonesia, UNFPA supported a provincial census which gave planners a better impact assessment of the 2004 tsunami. In the Arab States region, UNFPA played a key role in providing support for censuses in countries and territories evolving through conflict, rehabilitation, reconstruction and peace-building, such as Iraq, Lebanon, Occupied Palestinian Territory, Somalia and Sudan.

Progress on Outcome (v): National, subnational and sectoral policies, plans and strategies take into account population and development linkages

65. The above-mentioned outcome reflects UNFPA support for the integration of population and poverty linkages in national, subnational and sectoral policies, plans, and strategies. The ICPD goals and the MDGs are inextricably linked, both in terms of overall poverty dynamics and also in terms of the individual goals. The ICPD goal of universal access to quality reproductive health services by 2015 is fundamental to reducing poverty, child and maternal mortality, the spread of HIV/AIDS, gender inequality and environmental degradation. While progress has been made, much more needs to be done to ensure synergy between the MDGs and the goals of ICPD.

66. Population and poverty linkages explicit in national development policies and plans and poverty reduction strategies. From 2004 to 2006, UNFPA focused on the incorporation of population dimensions into national development plans, including poverty reduction strategies. In 2006, 87 per cent of country offices reported significant interventions to make explicit population and poverty linkages; to build capacity of civil society groups to advocate for population issues; and to incorporate population and poverty linkages in the formulation of national development plans and policies. Although UNFPA intensified advocacy to link population and poverty, the reported results are less than expected. The number of national development plans and poverty reduction strategies incorporating population issues has significantly increased as more plans have been adopted, but the proportion has remained about 40-50 per cent. Examples of UNFPA capacity-building in this area include efforts in India, Kazakhstan, Syrian Arab Republic, Uganda and Viet Nam. These efforts aimed at strengthening the knowledge and skill base of policy planners and technical staff to integrate population variables, including reproductive health, ageing, gender and migration into development planning. UNFPA advocacy efforts led to the reflection of ICPD goals and the MDGs in the five-year development plans of Oman, Turkey and Yemen. In Eritrea, national policies for poverty reduction, food security, education, STIs/HIV/AIDS and gender were formulated with UNFPA support. A major partnership was developed in this MYFF period between the African Development Bank and UNFPA to integrate population issues in the bank's programmes.

67. The highest linkage found among national development plans and poverty reduction strategies in 2006 is between poverty and population dynamics: fertility, mortality, population growth (48 per cent in all; 63 per cent in PRSPs) and reproductive health, including HIV (36 per cent in all; 51 per cent in PRSPs). The key finding in this area is the lack of sufficient incorporation of population dynamics, gender equality and HIV prevention into policy and expenditure frameworks. UNFPA is committed to strengthening its capacity for incorporating population dynamics in planning, implementing and monitoring national plans and budgets, particularly in the context of the MDGs. Moreover, within population dynamics, the role of young people must be further understood and internalized by governments and development partners to seize the demographic window of opportunity for poverty reduction to ensure that investments in health, education and the livelihoods of young people are strategic, effective and efficient.

C. Gender

MYFF Goal 3: Gender equality and the empowerment of women are achieved

68. In the context of the gender-related MDGs and ICPD goals, gender issues are mainstreamed throughout UNFPA programmes in both reproductive health and population and development areas. In addition, gender issues serve as the specific focus of programmes and advocacy designed to combat gender-based violence and to remove discriminatory legislation. With regard to the MYFF goal-level indicators pertaining to gender there has been notable progress in the last decade in female education, literacy and participation in civic life in many countries and regions but discrimination remains high in certain countries, or in pockets of poverty or social marginalization within countries.

69. Gender equality in primary and secondary education has increased overall in the developing regions. The biggest challenge remains in sub-Saharan Africa and Western Asia which have the lowest ratios of girls to boys, particularly in secondary education. Meanwhile, across the developing world, the ratio of literate women to men among 15-24 years old shows a positive trend. Interestingly, the most progress has occurred in women's participation in civic life. The percentage of parliamentary seats held by women increased greatly across the developing regions from 10 per cent in 1997 to 15 per cent in 2006. It should be acknowledged that despite active UNFPA engagement in gender equality

interventions within the framework of reproductive rights, gender programming has not always been consistent. Moreover, in order to further gender equality, human rights concerns must be mainstreamed into programming with a focus on the most vulnerable groups through culturally sensitive approaches.

Progress on Outcome (vi): Institutional mechanisms and sociocultural practices promote and protect the rights of women and girls and advance gender equity

70. National and subnational mechanisms in place to monitor and reduce gender-based violence. Violence against women and girls is a major health and human rights issue. It occurs in the broad context of gender-based discrimination with regard to access to health, education, resources and decision-making power in private and public life. UNFPA works with partners to create and support national commitment to, and action on, combating gender-based violence. The number of countries with mechanisms in place to monitor and reduce gender-based violence increased from 76 in 2004 to 91 in 2006. The nature of initiatives reported was wide-ranging: promoting effective programme design, expanding coverage, supporting protocol development, promoting adequate resources allocation/expenditure and including legislative provisions. As can be seen from annex 3, UNFPA support to programme countries to combat gender-based violence increased in this MYFF period. UNFPA also played an important role in mitigating the effects of gender-based violence in emergency and post-conflict situations such as in Iraq, Liberia, Somalia and Sudan. Furthermore, UNFPA has been active in advocating and building national capacity for implementation of the United Nations Security Council resolution 1325 in response to sexual violence during armed conflicts. In Asia, UNFPA worked with the United Nations Development Fund for Women (UNIFEM) to support policy formulation on the elimination of violence against women and children, especially in relation to trafficking.

71. An estimated 120 to 140 million women have been subjected to the practice of female genital cutting, which violates the basic rights of women and girls and seriously compromises their health. About 3 million girls face the risk of female genital cutting every year. UNFPA, in collaboration with UNICEF and UNIFEM, has supported a number of initiatives to decrease female genital cutting around the world. The most successful initiatives, like those in Kenya and Uganda, fostered dialogue in the communities and provided alternative rites of passage that usher girls to adulthood without genital cutting. UNFPA has also worked with local and religious leaders who serve as agents of change within their communities in countries such as Burkina Faso, Egypt, Ethiopia and Senegal. In more than a dozen countries where the practice is widespread, laws have been passed to make female genital cutting illegal. Reduction in prevalence rates has already been observed in several other countries, such as Eritrea, Kenya, Mali and Nigeria.

72. At the global level, UNFPA contributed to the work of the Inter-agency Standing Committee on guidelines for addressing gender-based violence in humanitarian settings. In June 2006, UNFPA organized the International Symposium on Sexual Violence in Conflict and Beyond -- sponsored by the European Commission and the Government of Belgium. The symposium brought together some 30 countries to share experiences, strategies and a renewed commitment to end the scourge of sexual violence in war-torn countries. At the conclusion of the symposium, delegates issued the Brussels Call to Action, outlining 21 actions to be taken, ranging from ending impunity for perpetrators to developing and funding national action plans.

73. Discriminatory provisions against women and girls removed from national and subnational legislation. Discriminatory provisions against women persist in national and subnational legislation, which represent legal barriers to gender equity and equality and women's empowerment. In a sample of 99 programme countries, 37 country offices reported discrimination in national legislation, referring to statutory or common/judicial laws and 64 country offices reported discrimination in subnational legislation, referring to religious or customary laws. Country offices break down discriminatory

provisions in five areas: economic resources; education; health, including reproductive health; STIs, including HIV/AIDS; and the workplace. In the 2004-2006 period, discrimination was highest against women and girls in both national and subnational laws with regard to access to economic resources. Overall, the reported discrimination at subnational levels was two to four times higher than national levels.

74. UNFPA works in countries to eliminate such discriminatory provisions, and its support in this area has been increasing. The proportion of country offices involved in providing support for eliminating discrimination against women and girls in legislation increased from 64 per cent in 2004 to 84 per cent in 2006 (details in annex 3). The most common area for UNFPA involvement was in building the capacity of civil society groups for advocacy on the removal of discriminatory provisions against women and girls.

75. In the Arab States region, strategies have included evidence-based advocacy with decision makers and parliamentarians; gender disaggregated data for planning; strategic analysis of linkages between reproductive health, poverty, gender and the MDGs; and support for strategy development. A common thread among all these strategies is the continued capacity development of national staff and institutions. In terms of partnerships, for example, UNFPA has worked closely in the Africa region with a network of African women ministers and parliamentarians. In the Lao People's Democratic Republic, UNFPA worked with the Lao National Committee for the Advancement of Women to support development of the National Strategic Plan for the Development of Women, which was endorsed by the Government in 2006.

76. Civil society partnerships actively promoting gender equality, women and girls empowerment and reproductive rights. Strengthening the role of civil society in promoting women's empowerment and reproductive rights is a priority in all UNFPA programme areas. Monitoring partnerships is key to assessing the extent to which civil society is organizing to promote gender equity and equality, women's empowerment and human rights. Reporting during the MYFF period indicated that a diversity of movements, alliances, coalitions, networks and multisectoral committees were functioning in 95 of the countries where UNFPA supports programmes (annex 2). This represents a 16 per cent increase since 2004. UNFPA support to strengthening civil society partnerships, including building the capacity of NGOs for advocacy, has increased in recent years (annex 3).

77. At global, regional and country levels, UNFPA has been active in advocating for gender equity in partnerships surrounding PRSPs, SWAps in health, and MDG reporting, as well as in the implementation of reproductive health programmes. In Africa, gender mainstreaming has been occurring, inter alia, through advocacy via the First Ladies regarding reproductive health, as well as through recruiting and training of peer educators and community radio management committee members. Other regional highlights include: enhancement of capacity and skills of the members of the Regional Network of African Women Ministers and Parliamentarians and the establishment of the Committee on Population and Development of African Speakers of Parliaments to link with the work of the African Parliament, created in 2004 under the African Union. UNFPA also strengthened its partnerships with associations of women parliamentarians, judges and lawyers in numerous countries, including Cape Verde, Côte d'Ivoire, Democratic Republic of the Congo, Ecuador, Ethiopia, Guinea-Bissau, Kenya, Sao Tome and Principe and Sierra Leone.

IV. MANAGING-FOR-RESULTS FRAMEWORK

78. Strengthening organizational effectiveness is an ongoing process at UNFPA and the MYFF period saw further progress towards a more robust culture of results management. All UNFPA units have been active in promoting results-based quality programming. A 2005 external assessment of UNFPA results-based management cited "significant progress" in implementing this approach in the last four years. Analysis over the course of the past years also highlights the firm focus of UNFPA on learning, which is perceived as a strategic part of the culture. In its continued efforts to strengthen and institutionalize results-based management, UNFPA is introducing the Balanced Scorecard.[1]

A. Leadership

79. One of the ways in which UNFPA assesses its leadership in the population and reproductive health area is to look at the success in mobilizing resources for the implementation of the ICPD Programme of Action in terms of regular and other resources mobilized, the number of contributors to UNFPA and the ability of country offices to mobilize extra-budgetary resources of $1 million or more. The record level in mobilized funds and number of countries contributing in 2004 was exceeded in the two following years. Membership in the "million dollar club"– country offices that mobilized more than $1 million for the country programmes – increased by 50 per cent in the 2004-2006 period. The expansion of the UNFPA donor base and the increase in voluntary contributions and multi-year pledges received from donor governments over the past years is vital for UNFPA work in assisting countries in implementing the ICPD Programme of Action and achieving the MDGs. Income from regular resources increased from $331.6 million in 2004 to $389.3 million in 2006 (table 2). Furthermore, donor governments contributing to UNFPA increased from 166 in 2004 to 180 in 2006, and multi-year pledges increased from 49 in 2004 to 74 in 2006, making the year 2006 the most successful year financially in the history of UNFPA. The positive trend in resource mobilization reflects donor commitment and support for the mandate and work of UNFPA. At the same time, an expanded donor base to improve the proportionality of contributions needs to be considered, given that the top three donors contributed about 50 per cent of the Fund's total regular resources in 2006.

Table 2. Resource mobilization: lead indicators of the managing-for-results framework

	2004	2006
Regular and other funds mobilized during the current MYFF period (including interest and other income)	Regular: $331.6m	Regular: $389.3m
	Other: $174.5 m	Other: $216.2m
	Total: $506.1m	Total: $605.5m
Number of countries that contribute to UNFPA regular and other income resources	166	180
Number of country offices that have secured co-financing pledges for $1 million or more during the current MYFF	17	26

80. In addition, private-sector contributions added to increased visibility and support for UNFPA work. For example, in 2005 Virgin Unite, the independent charitable arm of the Virgin Group, organized a fund-raising event in London that netted $1 million for the campaign against obstetric fistula. The United Nations Foundation, the William and Flora Hewlett Foundation, the John D. and

[1] The Balanced Scorecard is a management and accountability tool that defines clear baselines and targets for programme and management outputs. Each output is "owned" by an individual staff member whose role is to ensure that progress is made and targets are achieved. Each "owner" is supported by a team of colleagues who help the "owner" ensure that the implementation of the output is on track. Regular reviews of the scorecard provide data and information on progress.

Catherine T. MacArthur Foundation and other foundations pledged to support UNFPA advocacy efforts over the next two years. UNFPA also received private endowment contributions of $15.4 million in 2006 and $17.3 million in 2007.

B. Results-based quality programming

81. UNFPA continued its efforts to strengthen staff capacity in strategic planning, monitoring and evaluation, as well as to build the capacity of national counterparts and NGO partners in these areas. Since 2004, the "i-Track" web interface supports all UNFPA staff in focusing on a more results-based approach to programme planning, monitoring and reporting. It also allowed UNFPA to collect online annual reports from all country offices and headquarters units. The introduction of Atlas, including piloting of the programme management module, is contributing to improved programme performance and quality of delivery. The new Balanced Scorecard constitutes another tool to help management assess UNFPA results-based performance. UNFPA, together with other organizations, has been working on the implementation of results-based budgeting that would allow more flexible deployment of biennial support budget (BSB) resources in support of programmes at all levels. UNFPA implemented a series of learning and training initiatives for management and programme staff in the field to improve their skills in results-based programming. Training has enabled staff in the geographical divisions to better use the Atlas system to achieve results-based quality programming.

82. To identify internal and external risks to UNFPA operations, in 2006, nine oversight assessments were conducted (seven country offices, one CST and one headquarters unit). Although not representative, the missions provided recommendations for risks to be further addressed, among them the inadequate number and quality of evaluations conducted in preparation for new programme formulation; the absence of baseline and target data enabling tracking of results; and monitoring systems that were not results-oriented. The absence of organizational capacity to feed into the development of country programme action plans (CPAPs) was among the substantial risks in some offices. During the reporting period, UNFPA supported 767 evaluations globally, and a meta-evaluation aimed at establishing a baseline for improvements in the quality and consistency of UNFPA-funded evaluations. A review was also conducted of gender mainstreaming into UNFPA publications to ensure the quality and consistency of messages on gender issues.

Table 3. Results-based quality programming: lead indicators of the managing-for-results framework

Figures for country offices with country programmes, reporting data between 2004 & 2006	**2004**	**2006**
Proportion of country offices with a country programme that has baseline data for at least 75 per cent of its output indicators	25%	35%
Proportion of country offices with a country programme that has implemented at least 75 per cent of its field visit monitoring plans [a]	61%	66%
[a] Overall, 78 per cent country offices had a field visit monitoring plan in 2004 & 86 per cent in 2006. Therefore, the absolute number of country offices implementing such plans has increased.		

83. To better respond to specific project data needs and to improve reporting on the European Union trust fund projects, UNFPA co-developed a project tracking system in which two UNFPA geographical divisions were involved. The Asia and the Pacific Division provided increased support to country offices in results-based management by advising them on how to prepare CPAP/annual workplan documents with a clear programme management structure. The Latin America and the Caribbean Division provided information and training on the common country programming process to UNFPA country offices and members of the UNCTs in the region. In Africa, CST staff facilitated inter-agency strategic planning retreats with UNCTs to develop United Nations Development Assistance

Frameworks (UNDAFs) and to train and support national UNFPA staff in these new programming processes.

C. Excellence in human resources

84. UNFPA has developed and is implementing a human resource strategy that aims at building and maintaining motivated and capable staff. It includes staffing of the posts based on the competency framework; retaining the best staff by offering better opportunities for learning, career and professional growth; implementing rotation as well as work-life balance policies. The country office typology, piloted in 2003 to provide a system for determining UNFPA presence at the country level, has been fully implemented. A review process is analysing its adequacy in responding to country office staffing needs. The move towards a new organizational structure will require attention to job design, the development of terms of reference for each organizational unit, and job classifications. To strengthen staff skills, it has now been made compulsory for all candidates applying for managerial posts to undergo a selection process that includes an independent external assessment.

85. In 2006, the vacancy load remained at a high level with a monthly average of 66 vacancies. The most critical issue was the staffing of vacant representative and national professional posts in some regions, with long vacancies impacting the units' performance. UNFPA is facing increasing recruitment challenges, namely increasing competition from NGOs as well as other United Nations organizations; increasing difficulties in finding personnel willing to serve in hardship duty stations; and high turnover of staff due to increased mobility and retirements. To meet some of the challenges, UNFPA has instituted a candidate roster system that has helped to mitigate the delays in filling vacancies. The e-recruit system will be integrated with other electronic human resource functions such as Peoplesoft and payroll. Workforce and succession planning frameworks to prepare the staff for new or higher level functions or across functional streams will be put in place over the course of the new strategic plan, 2008-2011.

86. The performance appraisal and development system is now fully operational. Overall, the system continued to be well appreciated among staff, although headquarters units need to improve compliance in observing deadlines. The system revealed only a little progress with regard to the completion of most of the activities of national professional staff vis-à-vis their staff development plans and their proficiency in results-based management. However, despite a marginal increase in indicator percentage values, there has been a notable progress in absolute numbers due to an increase in the proportion of offices with an annual staff development plan, from 69 per cent in 2004 to 80 per cent in 2006.

Table 4. Excellence in human resources: lead indicators of the managing-for-results framework

Figures for country offices with country programmes only reporting data between 2004 and 2006	**2004**	**2006**
Proportion of country offices with a country programme rating their professional staff as proficient in results-based management	54%	57%
Proportion of country offices with a country programme reporting that national professional staff completed at least 75 per cent of activities in their annual staff development plan	54%	55%

D. Knowledge sharing and learning

87. The generation, collection and dissemination of knowledge and lessons learned are essential for results-based management. In support of a field focus, UNFPA has created a comprehensive knowledge-sharing/knowledge-management strategy to promote and facilitate collaboration and

networking among staff and with external partners. The UNFPA knowledge-sharing/knowledge-management architecture includes 11 expert knowledge networks and knowledge assets on topics of corporate priority and a corporate document and publication repository, DocuShare. Information from the knowledge assets is often shared by country office staff with national counterparts and, together with DocuShare materials, provides an evidence base for programming. UNFPA 2006 data show that increasing numbers of country offices (between 73 per cent and 81 per cent) used the knowledge assets, including for support to advocacy, training and programme-related activities.

88. The UNFPA knowledge-sharing/knowledge-management resources are readily available to all staff via the Intranet. Resources include a digital library (the Internet Supermarket), tools for documenting lessons learned, and an e-learning package to help staff better utilize available knowledge-sharing tools. For partnership and advocacy purposes, UNFPA established the publicly available Development Gateway Population and Reproductive Health website, which has over 4,700 links to resources and almost 9,000 members from the development community, including academics, government ministries, media outlets, NGOs and civil society. In 2007, UNFPA plans to launch a new Intranet knowledge-sharing/knowledge-management website that will enhance staff ability to support South-South cooperation. The website will be developed using open source software to promote United Nations system-wide collaboration as well as full integration with other systems, including the overarching UNFPA web portal.

89. UNFPA has provided leadership in positioning knowledge sharing and knowledge management within the United Nations system. During 2005-2006, UNFPA chaired the UNDG Knowledge Management Working Group and participated in the CEB Task Force on Knowledge Management. UNFPA is also the first United Nations organization to establish a human resource competency on knowledge sharing and to incorporate this into all staff job descriptions and performance appraisals.

90. Although UNFPA made considerable progress in enhancing the relevance and use of existing knowledge-sharing/knowledge-management mechanisms, some risks and challenges remain. The documentation of lessons learned, including negative ones, needs to improve as well as be accessible for external partners. In addition, the knowledge-sharing approach would benefit from standardization across UNFPA to make it easier to transfer and replicate good practices. Making changes to a knowledge-sharing organization entails a cultural shift from academic research to operations research, with greater emphasis on analysis. Moreover, staff need to be able to judge the relevance of information for third parties. Also, a commitment across the organization to deposit significant documents in DocuShare routinely and consistently is necessary.

Table 5. Organizational Learning Framework Assessment: progress between 2005 and 2006

	2005	2006
Staff learning needs are identified in the performance appraisal and development system	39%	55%
Staff can easily find out about what learning opportunities exist	37%	50%
Learning and Career Management Branch supported easy access to learning	42%	60%
On average, staff members plan to spend more than 10 days on learning	44%	51%
Staff are working with their direct supervisor to identify learning needs	38%	43%

91. The 2006 Organizational Learning Framework Assessment survey revealed that, compared with 2005, UNFPA had made significant progress as a learning organization. The Fund offered a diverse package of learning and training courses to the staff, including distance learning programmes in reproductive health, population and development, and gender. Staff, however, were divided on the accessibility of learning opportunities at UNFPA, with about half disagreeing that such opportunities

were easy to find (table 5). Although the 2006 findings point to an organization firmly focused on learning, some obstacles remain, including budgetary constraints, which restrict learning opportunities, and the contract status that prevents staff from taking full advantage of the learning programmes.

92. To further the leadership and management skills of staff, representatives, and deputy and assistant representatives in the country offices underwent an appropriate training course. Senior managers also benefited from a series of management seminars on how to lead transformational change. In addition, Harvard University Manage Mentor courses were made available and a selection of five specific courses are offered in three languages in 2006-2007, related to managing change, organizing meetings, giving feedback and managing one's own career. Also, three Learning Afternoon Projects were launched; almost 50 per cent of all country offices took advantage of this initiative.

E. Accountability systems

93. Improved accountability has been a priority for UNFPA over the MYFF period. Among notable achievements in this area were the establishment of an independent Audit Advisory Committee to guide UNFPA on issues of increased accountability; the adoption and implementation of a UNFPA risk management model; strengthened oversight at all levels, including a new fraud hotline that is regularly monitored for early detection; as well as the adoption of a number of innovative practices and technological solutions to better satisfy auditing and reporting requirements (table 6). These include the new risk-based audit software, audit and evaluation database and enhanced vacancy tracking system. In collaboration with UNDP, new features in Atlas such as eProcurement and Contracts and Billing are being tested and implemented. A Treasury module will become functional in 2007. Each module has helped the organization to streamline its activities and responsibilities by providing added efficiency and transparency in the process. Collaboration within the framework of the United Nations Evaluation Group (UNEG) continues to provide opportunities to keep abreast of key evaluation issues, events and trends beyond UNFPA and the United Nations system, as well as to move towards more harmonized approaches and common standards.

Table 6. Accountability systems: lead indicators of the managing-for-results framework

Figures for those reporting data between 2004 and 2006	**2004**	**2006**
Accountability systems		
Proportion of internal audits with satisfactory or partially satisfactory rating	78%	83%
Proportion of country offices that conducted mid-year and/or annual reviews of office management plans	89%	96%

94. On nationally executed projects, UNFPA is preparing evaluations of audit reports for 60 countries, as well as a summary report. This will guide country offices on how to address internal control weaknesses in project implementation. In addition, in 2006 UNFPA began to prepare for the introduction of the International Public Sector Accounting Standards (IPSAS), to be launched in 2008 in place of the United Nations System Accounting Standards. IPSAS constitute a set of high-quality independently produced accounting standards. The concept of accountability was the hallmark of several training sessions held for country office staff at all levels. UNFPA also initiated training on fraud prevention. Based on internal and external audit findings in 2006 UNFPA prepared a performance management paper for use at regional planning meetings. The paper, inter alia, outlined key challenges to be addressed by country offices in particular. There are early signs that performance has since improved in several areas.

95. A key innovation in the results-based management strategy is the implementation of the Balanced Scorecard. This tool will allow management to review progress towards achieving the

corporate management targets set in the new strategic plan, 2008-2011, by linking them with unit and individual targets via office management plans and the performance appraisal and development system, respectively. Once implemented, UNFPA will have, for the first time, a mechanism for individual and collective accountability of directors and senior managers with regard to achievement of the management results. In 2007, UNFPA is also piloting a complementary regional scorecard in the Asia and the Pacific Division. Rollout of the Balanced Scorecard to other geographical divisions and country offices is planned during 2007-2008. Incorporation of the programmatic results into the scorecard is planned for early 2009.

V. INTEGRATED RESOURCES FRAMEWORK

96. UNFPA income for regular resources increased steadily over the 2004-2007 period from $332 million in 2004 to an estimated $399 million in 2007, which corresponds to an increase of about 6 per cent a year. UNFPA income from regular resources for the 2004-2007 period is estimated at $1,470 million, as the 2007 income figure is estimated. UNFPA income from other resources is estimated at $720 million for the 2004-2007 period. The estimated income during 2004-2007 for regular resources is thus higher than the projected income of $1,434 million for 2004-2007 in the revised requirements from 2005, whereas the income from other resources is more than twice as high as that projected in the MYFF 2004-2007.

Table 7. Approved MYFF Requirements 2004-2007 and Implementation (In millions of US dollars)

	Original Requirements (2004) 2004-2007 a/		Revised Requirements (2005) 2004-2007 b/		Actual Implementation 2004-2007 c/	
Regular resources						
Country Programmes	640	53%	800	56%	806	55%
Intercountry Programme	124	10%	155	11%	169	12%
Technical Advisory Programme	76	6%	76	5%	77	5%
Total Programme	841	70%	1,031	72%	1,053	72%
Net Biennial Support Budget	318	26%	357	25%	353	24%
Miscellaneous, ERP and Security d/	45	4%	46	3%	65	4%
Total BSB and Miscellaneous	363	30%	403	28%	418	28%
Total Regular Resources	1203	100%	1,434	100%	1,470	100%
Other Resources						
Programme and Other	320		320		650	
All Resources	1523		1,754		2,120	

a/ See document DP/FPA/2004/4 Table 1.
b/ See document DP/FPA/2005/7 (Part I), Table 6.
c/ Actual expenditures for 2004, 2005 and 2006. Estimated expenditures for 2007.
d/ Includes contributions to the operational reserve, funding for After-Service Health Insurance and capacity building fund.

97. As stated above, the estimated income for regular resources for the MYFF period amounted to $1,470 million, which also corresponds to the estimated expenditures. The estimated expenditures from other resources amounted to $650 million. Table 7 contains the breakdown of expenditures by major grouping. The detailed breakdown of expenditures by goal and outcome, region and resource allocation group is provided in the Statistical Overview (DP/FPA/2007/7, Part I, Add.1) submitted as an addendum to the present report.

VI. LESSONS LEARNED AND STRATEGIC CONSIDERATIONS

98. In addition to a review of the country office and other divisional annual reports for MYFF indicators through internal tracking mechanisms, UNFPA commissioned an independent review of the implementation of the MYFF 2004-2007 to identify lessons learned and incorporate them into the development of the new strategic plan. It was found that, overall, the current MYFF had provided good guidance on the mission and strategic direction of UNFPA and had ensured that the organization worked towards specific outcomes. The MYFF had allowed for programmes to be tailored to country priorities. Furthermore, it had promoted a culture of results-based programming within the organization, a subject of special concern for UNFPA over the course of the current MYFF.

99. Strategic results framework. With respect to the strategic results framework, the assessments found that the goals and outcomes in the current MYFF, although reflecting the ICPD mandate, could be sharpened to clearly define the unique niche for UNFPA as part of a more cohesive United Nations. The review noted that there was a lack of attribution given the high level and broad outcomes and indicators. Also, in many cases, there were insufficient country-level data on goal and outcome indicators. To deal with the attribution challenge in the current MYFF, where existing outcomes and indicators were too broad for UNFPA to be held accountable, the regional and global programmes in the new strategic plan will be required to have clear outputs for which UNFPA will be accountable.

100. In terms of the UNFPA mandate, there are several lessons and actions to move forward on. Significant policy and model-building advances have been achieved, which must be capitalized on to scale up effective programmes serving the most marginalized groups. With a new MDG target, providing universal access to reproductive health will require an operational definition in the new context and a review of the UNFPA role in strengthening health systems. Functioning health systems are essential for improving sexual and reproductive health, and this requires not only financial investments but adequate human resources which have become scarce in the many areas. To close the gap, changes in policies and laws are needed as well as human resource planning, which is suggested as a focus area for UNFPA and partners to scale up access to reproductive health services.

101. The lack of access to affordable commodities, compounded by weak distribution systems and inadequate focus on building demand, is one of the major obstacles to universal access to reproductive health and HIV prevention. Hence, UNFPA should enhance its efforts to ensure reproductive health commodity security and focus on strengthening support for national mechanisms and data for monitoring and evaluating utilization and results.

102. In the area of population and development, the key finding is the lack of sufficient incorporation of population dynamics, gender equality and HIV prevention into policy and expenditure frameworks. To address this, UNFPA needs to be more active in planning, implementing and monitoring national plans and budgets and working effectively with key partners, including the World Bank and the United Nations country teams in the context of United Nations reform. Also, emerging population-related issues such as migration, ageing, urbanization and population and environment have received increased international attention and UNFPA should enhance its efforts in incorporating them appropriately in its programming.

103. The role of young people within population dynamics must be further understood and internalized by governments and partners for seizing the demographic window of opportunity for poverty reduction. UNFPA has a strategic framework on young people and should continue to focus its work on young people with other partners in the context of its comparative advantage and niche at

global, regional and country levels. UNFPA needs to strengthen its leadership, particularly at country level, in its UNAIDS technical leadership area of HIV prevention among out-of-school young people.

104. The notable increase in mechanisms and refinement of approaches around the prevention of gender-based violence is encouraging. However, it is critical to increase the monitoring and accountability of such mechanisms. UNFPA, together with key partners, needs to focus further on developing and strengthening civil society and community-based participatory procedures to ensure this, particularly gender-based violence in the context of promoting sexual and reproductive health. Identifying and focusing on the UNFPA niche within the broad gender and women's empowerment area will be a critical challenge to address in the new strategic plan, 2008-2011.

105. Working in close partnership with United Nations, non-governmental and other organizations, UNFPA has become a key partner in humanitarian response and transition and recovery assistance. An important lesson learned is the need for incorporating ICPD issues into emergency preparedness plans to ensure that humanitarian responses address reproductive health, including HIV, gender and data issues. The lack of timely, objective and reliable data on populations in crises has been identified as an important gap in humanitarian assistance, and UNFPA is increasingly seen as a leader in providing expertise to cover demographic data needs during crises and transitions.

106. The intercountry programme, 2004-2007, covering regional and interregional components, was not fully harmonized with the current MYFF. The programme identified outputs but did not clarify the roles at regional and global levels to achieve each output. For the 2008-2011 period, the global and regional programmes will be guided by the strategic plan from the outset, and global and regional outputs attributable to UNFPA will be clearly defined.

107. For the current MYFF period, UNFPA used four strategies: undertaking advocacy and policy dialogue; building and using a knowledge base; promoting, strengthening and coordinating partnerships; and developing systems for improving performance. These strategies have helped improve programme delivery at all levels. UNFPA proposes to use these strategies and an additional strategy -- culturally sensitive approaches -- in the new strategic plan, 2008-2011.

108. Managing-for-results framework. In mid-2005, an analysis was undertaken of the Fund's results-based management system to map, assess and provide recommendations for its strengthening. The assessment revealed that UNFPA had made significant progress in developing and implementing a group of results-based management tools and systems. The UNFPA results-based management analysis crystallized opportunities for improvement in several areas. The integrity of the results indicators in the MYFF can be increased by replacing self-assessments with more objective third-party data, obtained through, for example, institutionalized stakeholder surveys and consultations. Results can be more clearly linked to incentives and resource allocation systems by adopting the Balanced Scorecard system and eliminating duplicate or superfluous reporting requirements. Also, to balance accountability needs with the reporting burden, donors would need to send more consistent messages to organizations regarding expectations on results reporting.

109. Opportunities for improving the MYFF as a strategic planning instrument were identified in several areas. The lack of indicators' attribution, targets, and intermediary milestones needs to be addressed. There is a need for a coordinated and harmonized strategy among the various divisions and levels within UNFPA, including a clear identification of outcomes and outputs. In addition, the links between MYFF goals and directions for programme implementation need to be clear. The massive pool of programming experience at regional and country levels needs to be better leveraged to identify strategic interventions that have proved successful and that have a promising potential for duplication

and scaling up. The overall effectiveness of the strategic plan could be improved by developing a stronger culture and incentives to share lessons learned and a clearer process for incorporating those lessons in programmes. In this respect, UNFPA has implemented knowledge-sharing systems under the current MYFF and developed knowledge assets in support of the programmatic areas of the MYFF strategic results framework to support implementation. These efforts will be strengthened and aligned under the new strategic plan. An area for further attention within the organization is environmental scanning. UNFPA needs to strengthen its monitoring and analyses, particularly political analysis of the external environment, which may influence the ICPD agenda at global, regional and country levels.

110. UNFPA needs to give high priority to delivering quality programming and strengthening results-based management at country level, particularly in the context of the changing aid environment with new emphasis on national ownership of programmes. To respond to the emerging needs of programme countries, UNFPA needs to adapt its organization and management, particularly at regional level, to a more efficient and effective structure with integrated technical, operational and/or management functions.

111. In view of the increasing integration of United Nations organizations' activities in the field and the need for harmonization of approaches based on UNDG-approved terminology on results-based management, UNFPA strengthened its interaction with UNDP and UNIFEM. All three organizations will present strategic plans covering 2008-2011 to the Executive Board in September 2007. In addition to harmonizing nomenclature, the organizations would need to continue exchanging experience in results-based management, joint work on results-based budgeting and common approaches to programme performance data. Under the leadership of the Executive Director this is being addressed under the auspices of the High-level Committee on Management through an inter-agency workshop for results-based management practitioners scheduled to take place in May 2007.

112. Integrated resources framework. The integrated resources framework has proved to be a valuable tool to plan and monitor the use of UNFPA resources. As regular resources for UNFPA were higher than originally anticipated, UNFPA revised the integrated resources framework in 2005 in the Report of the Executive Director for 2004: Progress in implementing the multi-year funding framework, 2004-2007 (DP/FPA/2005/7, Part I). The system of allocating resources to country programmes was harmonized in 2005 with the MYFF 2004-2007. The system of allocating resources to country programmes for 2008-2011 will be fully harmonized with the strategic plan for the entire period, and the indicators used in the system will be based on selected indicators in the strategic results framework of the strategic plan.

VII. RECOMMENDATION

114. The Executive Board may wish to take note of the present report (DP/FPA/2007/7) as well as the addendum (DP/FPA/2007/7, Part I, Add.1) and Part II (DP/FPA/2007/7, Part II) and provide UNFPA guidance with regard to the formulation of its strategic plan, 2008-2011.

Annex 1. 2004-2007 MYFF Strategic Results Framework

GOALS	GOAL INDICATORS	OUTCOMES	OUTCOME INDICATORS
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life	a) Maternal mortality ratio b) Adolescent fertility rate c) HIV prevalence among 15-24 year old pregnant women [UNGASS-HIV] d) Under-five mortality rate e) Unmet need for family planning	(i) Policy environment promotes reproductive health and rights	a) Reproductive health and gender incorporated into: i) Poverty reduction strategies ii) Sector-wide programmes in health iii) Millennium Development Goals Reports b) National and subnational policies in place to increase the access of youth to quality reproductive health information and services c) National and subnational laws and policies in place to delay the age at marriage d) Proportion of health budget allocated to contraceptives
		(ii) Access to comprehensive reproductive health services is increased	a) Contraceptive prevalence rate (modern methods) b) Proportion of births attended by skilled health personnel c) Condom use at last high-risk sex[2] [UNGASS-HIV] d) Proportion of clients with sexually transmitted infections who are appropriately diagnosed, treated and counselled [UNGASS-HIV] e) Caesarean sections as a proportion of all births[3]
		(iii) Demand for reproductive health is strengthened	a) Proportion of women who have the final say in decisions about own health care b) National and subnational mechanisms that advance civil society participation in planning and monitoring quality reproductive health services c) Proportion of the population aged 15-24 with comprehensive correct knowledge of HIV/AIDS[4] [UNGASS-HIV]
(2) Countries address interactions between population dynamics, sustainable development, and poverty, including the impact of HIV/AIDS	a) Life expectancy at birth, by sex b) Proportion of population below $1 (PPP) per day c) Poverty headcount ratio[5] d) Age dependency ratio[6]	(iv) Utilization of age- and sex-disaggregated population-related data is improved	a) Sex- and age-disaggregated data from national and subnational databases are used to monitor national development plans
		(v) National, subnational and sectoral policies, plans and strategies take into account population and development linkages	a) Population and poverty linkages explicit in national development policies and plans and poverty reduction strategies
(3) Gender equality and empowerment of women are achieved	a) Ratio of girls to boys in primary and secondary education b) Literacy rate among 15-24 year old females c) Proportion of seats held by women in national parliament	(vi) Institutional mechanisms and sociocultural practices promote and protect the rights of women and girls and advance gender equity	a) National and subnational mechanisms in place to monitor and reduce gender-based violence b) Discriminatory provisions against women and girls removed from national and subnational legislation [Beijing +5] c) Civil society partnerships actively promoting gender equality, women and girls' empowerment and reproductive rights

[2] Proportion of the sexually active population aged 15-24 reporting the use of a condom during last sexual intercourse with a non-regular partner in the last 12 months

[3] Serves as a proxy for access to Comprehensive Emergency Obstetric Care.

[4] Proportion of the population aged 15-24 who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy-looking person can transmit HIV.

[5] Proportion of the population below the national poverty line. The MDGs specify that for monitoring country poverty trends, indicators of national poverty should be used, where available.

[6] The ratio of people of non-working age (0-14 and 65+) to those of working age, used to document broad trends in age composition and dependency burden.

ANNEX 2. 2004-2007 MYFF Strategic Results Framework-Progress in key outcome indicators				
			2004	2006
MYFF Reproductive Health Outcome (1): Policy environment promotes reproductive health and rights				
a1) Number and percentage of policies/programmes adequately incorporating key reproductive health and gender issues out of all policies/programmes being developed during the time period.	Reproductive health	PRSP action Plans	15 (56%)[1]	17(81%)[2]
		SWAps	9 (75%)[1]	7 (78%)[2]
		MDGRs	25 (60%)[1]	75(85%)[2]
	Gender	PRSP action Plans	22 (73%)[1]	20(74%)[2]
		SWAps	7 (58%)[1]	7 (78%)[2]
		MDGRs	28 (70%)[1]	67 (79%)[2]
b) Number of countries with national and subnational policies in place to increase the access of youth to quality reproductive health information and services			65	81
c) Number of countries with a legal minimum age at marriage of at least 18 years for women.			50	72
d) Number of countries allocating national funds for contraceptives purchase			34	66
MYFF Reproductive Health Outcome (2): Access to comprehensive reproductive health services is increased				
a) Percentage of countries with contraceptive prevalence rate (modern method) at least 30% out of the reporting countries			55% [3]	60%[2]
b) Percentage of countries having at least 90% births attended by skilled health personnel out of the reporting countries.			44%	55%
c) Number and percentage countries that at least 40% of young women aged 15-24 reporting the used of a condom the last time they had sex with a non-regular partner out of countries with reported data. [6]			8 (24%) [4]	9 (56%) [5]
d) Number and percentage of countries with all clients with sexually transmitted infections who are appropriately diagnosed, treated and counselled out of countries with data reported. [6]			4 (20%) [4]	3 (33%) [5]
e) Percentage of countries falling below recommended rate of Caesarean sections as proportion of all births out of the countries with data reported.			41%[3]	37%[2]
MYFF Reproductive Health Outcome (3): Demand for reproductive health is strengthened				
a) Number and percentage of countries with at least 50% of women in union having the final say in decisions about their own health care out of countries with data reported.			5 (22%)[3]	3(25%)[2]
b) Number of countries with national and subnational mechanisms that advance civil society participation in planning and monitoring quality reproductive health services.			58	80
c) Number and percentage of countries with at least 30% of young women aged 15-24 having comprehensive correct knowledge of HIV/AIDS out of countries with data reported. [6]			7 (18%)[4]	5 (42%) [5]
MYFF Population and Development Outcome (4): Utilization of age- and sex-disaggregated population-related data at all levels is improved				
a) Number of countries with national development policies and plans and poverty reduction strategies comprehensively monitorable by time-bound indicators		NDPs	36	105
		PRSPs	10	26
MYFF Population and Development Outcome(5): National, sub-national and sectoral policies, plans and strategies take into account population and development linkages				
a) Number of countries with population and poverty linkages explicit in national development policies and plans and in poverty reduction strategies		NDPs	20	37
		PRSPs	13	22
MYFF Gender Outcome (6): Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity				
a) Number of countries with national and subnational mechanisms in place to monitor and reduce gender-based violence			76	91
b) Number of countries with discriminatory provisions against women and girls in legislations		National	25	37
		Subnational	50	64
c) Number of countries with civil society partnerships actively promoting gender equality, women and girls' empowerment and reproductive rights			81	95

1.Before January 1, 2004. 2. 2004-2006. 3.2000-2004. 4. Report data 2003, but data collection can vary from 1996 to 2001.5. Report data 2005, but data collection can vary from 2000 to 2005. 6. Calculated from UNGASS-HIV/AIDS 2003 and 2005 reports.

ANNEX 3. 2004-2007 MYFF Strategic Results Framework-Country offices interventions			
Progress in UNFPA country office involvement in key outcome indicator areas		**2004**	**2006**
MYFF reproductive health Outcome (1): Policy environment promotes reproductive health and rights			
a) Percentage of country offices with major or moderate involvement to increase reproductive health and gender incorporation into:	i) Poverty reduction strategies papers	52%	90%
	ii) Sector-wide programmes in health	81%[1]	90%
	iii) Millennium Development Goal Reports	60%	77%
b) Percentage of country offices with major or moderate involvement to increase the access of youth to quality reproductive health information and services		70%	100%
c) Number of country offices with major or moderate involvement in laws and policies to delay the age at marriage		12	45
d) Number of country offices with major or moderate involvement in establishing a government budget line for contraceptives and increasing the allocation over time		43	63
MYFF reproductive health Outcome (2): Access to comprehensive reproductive health services is increased			
a) Number of country offices with major or moderate support to protocol development for family planning services		71	86
b) Number of country offices with major or moderate interventions to increase the capacity of service providers in safe delivery and emergency obstetric care		42	78
c) Number of country offices with major or moderate interventions to increase access of youth to reproductive health services		52	115
d) Number of country offices with major or moderate interventions to protocol development in the area of:	HIV/AIDS	61	61
	STIs other than HIV/AIDS	58	69
e) Number of country offices with major or moderate interventions in the area of protocol development for emergency obstetric services		68	79
MYFF reproductive health Outcome (3): Demand for reproductive health is strengthened			
a) Number of country offices with major or moderate interventions to increase women's decision-making power and increase male involvement in reproductive health matters		34	93
b) Number of country offices with major or moderate interventions in mechanisms for civil society participation in reproductive health service		30	71
c) Number of country offices with major or moderate interventions for increasing young people's knowledge in reproductive health including HIV/AIDS		43	63
a) Number of country offices with major or moderate interventions to increase national capacity to conduct censuses and surveys		13	55
MYFF Population and Development Outcome (5): National, subnational and sectoral policies, plans and strategies take into account population and development linkages			
a) Number of country offices with major or moderate interventions supporting linkages of population and poverty in national development policies and plans and in poverty reduction strategies.		43	71
MYFF Gender Outcome (6): Institutional mechanisms and sociocultural practices promote and protect the rights of women and girls and advance gender equity			
a) Number of country offices with major or moderate interventions supporting national and subnational mechanisms to monitor and reduce gender-based violence		44	81
b) Number of country offices with major or moderate interventions in eliminating discrimination against women and girls in legislation		38	57
c) Number of country offices with major or moderate interventions in building partnerships for gender and reproductive rights		50	88
Source: UNFPA Country Office Annual Reports (2004,2006) 1. Number is for 2005.			